

INSTRUCTIONS FOR COMPLETING THE POSITION RECODING WORKSHEET (CS-1758)

Position recoding in HRMN takes the place of position renumbering in PPRISM. Please note that changes made to the position record (PA02.1) impact all employees attached to the position. If a request is made to change the supervisor code, process level, and/or the department code of a position, this information will automatically be changed on employee records (HR11.1) for all employees in the position.

1. Supervisor Code Change

Complete the following boxes: Current Position Code, Current Class Title, Current Supervisor Code, Current Supervisor Class Title, New Supervisor Code, New Supervisor Class Title, and New Department Code (if applicable).

2. Process Level Change (to be used only for process-level changes within the same principal agency)

Complete the following boxes: Current Position Code, Current Class Title, Current Supervisor Code, Current Supervisor Class Title, New Supervisor Code (if applicable), New Supervisor Class Title (if applicable), New Process Level, and New Department Code (if applicable).

***Note:** Process-level changes can only be processed on days 5, 6, 7, and 8 of the pay period.

3. Department Code Change

Complete the following boxes: Current Position Code and New Department Code must be completed. Other codes and titles only need to be completed if changes are being requested.

NOTE: Electronic filings of the Position Recoding Worksheet will only be processed if sent from an appointing authority or designee, as specified on the appointing authority list.

Michigan Department of Civil Service
Human Resource Services
400 South Pine Street, P.O. Box 30002
Lansing, Michigan 48909

POSITION RECODING WORKSHEET

<i>I certify each position recoding request listed below is for a change in supervisory, process level, and/or departmental code(s) only; each position remains properly classified; and the duties and responsibilities are essentially unchanged.</i>		For Civil Service Use Only
Name	Phone Number	Analyst's Name
Effective Date of Requested Changes (beginning of pay period)	Fax Number	Analyst's Review Date

CURRENT Position Code	CURRENT Class Title	CURRENT Direct Supv. Code	CURRENT Supervisor Class Title	NEW Direct Supv. Code	NEW Supervisor Class Title	NEW *Process Level	NEW Department Code	MDCS Approved (Analyst)

***PROCESS LEVEL CHANGES:** This form should be used only for process-level changes within the same principal agency.

Completion Date _____
MDCS/PMA _____